



Making a symbolic gesture: a qualitative examination of self-immolation in Iran

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Abstract

Self-immolation is one of the most dramatic methods of committing suicide. Some regions in Iran have a high prevalence of suicide by this method. This study aims to understand and explore the experience of self-immolated women in Iran. Twenty women have interviewed in the burns centers of three different cities immediately the following hospitalization due self-immolation, and the data was analyzed using conventional content analysis. The results were categorized in three main categories: Cultural background and preparing the stage, making a symbolic gesture and events of the day of the incident. Making a symbolic gesture consists of the critical elements of self-immolation, including the presence of significant others, dramatic presentation of misery, bringing an end to misfortune, proof of innocence, creating a sense of compassion or guilt and inspiration from similar cases. The social situation of women in Iran is contributing to self-immolation through feelings of anger and helplessness.

Keywords Suicide · Self-immolation · Iran · Helplessness · Anger · Qualitative

1 Introduction

Self-immolation is one of the most terrifying and painful methods of suicide. The level of self-harm of this method is so high that it cannot be easily explained. Some scholars consider it to be the most violent method of suicide (Moradinazar et al. 2016). Although there is no significant difference in the prevalence of suicide between Iran and developed countries, the pattern of methods used is different. The suicide rate in the United States is 13 per 100,000 people and ranges from 3 to 20 per 100,000 people in Iran, and the prevalence of suicide in the two communities is not significantly different (Malakouti et al. 2015; Curtin et al. 2016). In the United States, the use of violent methods, such as firearms, is common among men, whereas women use methods such as the consumption of poison (Ferrari et al. 2014). In Iran, men tend to use more violent methods, like in the United States, but in some

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geographic regions of Iran, women choose more lethal methods, with self-immolation being the most-used method.

Self-immolation is a common (22.3%) method of committing suicide in some regions of Iran (Hajebi et al. 2013), although it is scarce in western countries. It is more prevalent in the west of Iran and some regions, and it is the most common method of suicide or attempted suicide among women (Morovatdar et al. 2013). Most self-immolators are married women between the ages of 24.9 and 27.3 years (Panaghi et al. 2007). Another significant difference in the characteristics of self-immolators between western and eastern countries is that the frequency of comorbid major mental disorders is lower in eastern countries (Poeschla et al. 2011). In a case-control study conducted in Kermanshah (a province in the west of Iran), 67% of the study subjects (77% of whom were female) had adjustment disorder or maladaptive or pathological reactions to identifiable stressors or changes in life circumstances, while the frequency of major depressive disorder was only 3% (Ahmadi et al. 2010). The results of another study showed that self-immolation is more prevalent among women aged between 15 and 26 years who had adjustment issues (Ahmadi et al. 2015a).

The results of previous studies showed that the most commonly given reason for the suicide attempt was marital conflict. Financial hardship and the break-up of intimate relationships were among the most critical recent stressors for self-immolation (Lester 2014; Ahmadi et al. 2015b; Darvishi et al. 2015; Mirlashari et al. 2017). Although several underlying factors have been identified in studies (Rezaie et al. 2014; Khankeh et al. 2015), how self-immolation is occurring has been given less consideration. The results of these studies provide comprehensive information on the causes of self-immolation, but they do not offer much information about how and why victims choose this painful method. The literature review showed that there is little information about why this particular group chooses this method. Furthermore, the prevalence of self-immolation is reported to vary between 0 and 9 per 100,000 per year across different provinces of Iran (Ben Khelil et al. 2016). The dramatic difference between the outbreaks in different areas is another important aspect that has not been taken into consideration.

In most of the studies that have investigated the reasons for self-immolation, interviews or assessments have been undertaken after medical stabilization of the patients (Rezaie et al. 2014; Khankeh et al. 2015). Although this strategy may render the patient more comfortable during interviews and lessen the impact on the narrated story of the physical and emotional turmoil of self-inflicted burning, it excludes the patients who die as a result of more severe self-immolation. Up to 65% of self-immolators lose their lives (Peck 2012), so if the interviews are conducted only with survivors, a large amount of data is lost. Therefore, for this study, we decided to arrange interviews immediately after hospitalization before electrolyte imbalances prevented the patients from speaking. This study aims to understand and explore the experience of self-immolated women in Iran.

2 Method

This was a qualitative study utilizing conventional content analysis.

2.1 Setting and study participants

The participants were recruited from three hospitals: Shahid Motahari Hospital of Tehran, Farabi Hospital of Kermanshah and Zareh Hospital of Sari. Tehran is the capital

Table 1 Demographic characteristics of study participants

No	City	Age	Marriage status	Education level	Job
1.	Tehran	16	Single	High school, no degree	Housewife
2.	Tehran	32	Married	High school, no degree	Housewife
3.	Tehran	38	Married	Master's degree	Employee
4.	Tehran	39	Married	High school, no degree	Housewife
5.	Kermanshah	14	Single	High school, no degree	Unemployed
6.	Kermanshah	27	Married	Primary school only	Housewife
7.	Kermanshah	20	Married	Primary school only	Housewife
8.	Kermanshah	26	Married	Primary school only	Housewife
9.	Sari	38	Married	High school, no degree	Housewife
10.	Tehran	28	Married	Bachelor's degree	Self-employed
11.	Tehran	34	Married	High school, no degree	Housewife
12.	Sari	28	Married	High school, no degree	Housewife
13.	Sari	48	Married	Illiterate	Housewife
14.	Kermanshah	21	Married	College student	Student
15.	Kermanshah	50	Married	High school,	Housewife
16.	Tehran	17	Single	High school, no degree	Housewife
17.	Tehran	30	Single	Master's degree	Employee
18.	Tehran	33	Married	Illiterate	Housewife
19.	Tehran	60	Married	Illiterate	Housewife
20.	Kermanshah	27	Married	Primary school only	Housewife

of Iran. Shahid Motahari Hospital is a specialized center for burns patients referred from all over the country. Kermanshah and Sari are the capitals of Kermanshah Province and Mazandaran Province respectively. Z. Gh conducted the interviews in Tehran (psychiatrist) and H.M.F. (psychiatrist). Two trained psychiatrists conducted the Interviews in Sari and Kermanshah. The corresponding author is a faculty member who was the manager of several qualitative studies. All interviewers participated in qualitative research methods training and qualitative interviewing courses. All interviewers were psychiatrists who had the previous encounter with suicide and self-immolation. Also, all of them were debriefed in order to make sure that they had assimilated the goals, the process and the ethical aspects of the project and had enough skills to carry out the interviews. Demographic characteristics of study participants are presented in Table 1.

The study team was informed immediately when a new self-immolator was admitted to one of these hospitals. After providing emergency care and fixing patient's condition, those patients who had sufficient consciousness were invited to participate the study. The aims of the study and the reasons for doing the research were explained to each participant and their guardians if it they were present. The participants entered the study after their consent was obtained. Interviews were conducted in private rooms provided for burn patients. The sampling continued until in order to have maximum diversity and achieve saturation. Twenty female participants were recruited in the study.

2.2 Data gathering

The data was gathered through face-to-face, in-depth, semi-structured interviews in the hospitals. The interviews had three main segments: opening, intermediate and ending questions. Examples of opening questions include “Can you tell me what happened to you?” and “Can you explain the events of the day of the incident?”. In the main part of the interview, the actions, feelings, and thoughts of women who burned themselves were examined. The questions “Why did you decide to do this?” and “What did you feel at the time of the incident?” were used in the main part of the interview. Follow-up questions were asked after each participant’s responses in order to engage them in a dialogue. The participants were encouraged to recount the details of their story of self-immolation and their associated thoughts and feelings. At the end of the interview, the participants were asked if they wished to say anything else.

2.3 Data analysis and trustworthiness

The written transcripts of the interviews were prepared immediately following the meetings. To become immersed in the texts and to understand them, the transcripts of any individual sessions were read from start to end, as if they were a novel, several times by the first author. The authors then analyzed the data using conventional content analysis (Graneheim and Lundman 2004). This method is usually appropriate when existing theories or research literature on a phenomenon is limited. It is an inductive approach to describing a phenomenon through coding and the identification of categories within the data. When the first author had read the text carefully and extracted important statements, they labeled each statement with a code. Similar codes and ones that created a pattern were summarized into categories. Afterward, to achieve better credibility, the analyzed data of any individual interview was presented in a meeting with two other members of the research team to reach an agreement (Shenton 2004). Continuous comparison of codes and categories and re-categorization were carried out during the study.

2.4 Ethical consideration

All participants were entered into the study after informed consent was obtained and they were willing to talk about the topic of the study. The privacy and confidentiality of the participants were respected and preserved. The study was approved by the ethical committee of the Iran University of Medical Sciences (IR.IUMS.1393.12350).

3 Results

Our analysis identified three main categories, including Cultural background and preparing the stage, symbolic gestures and events of the day of the incident. Each category is presented below with appropriate quotations. Conceptual model of self-immolation process is presented in Fig. 1.

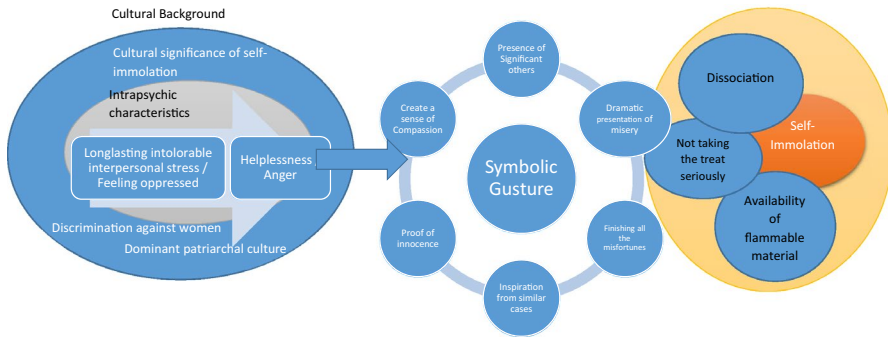


Fig. 1 Conceptual model of self-immolation process

3.1 Cultural background and preparing the stage

This category consists of four subcategories: cultural background, intrapsychic characteristics, long-lasting intolerable interpersonal stress and feelings of helplessness/anger. This category is about factors influencing the decision to commit suicide and the events that led to it. The sequence of events and formation of the incident was analogized to the preparation of a dramatic exhibition.

3.1.1 Cultural background

Three main cultural factors emerged from the analysis: the cultural significance of self-immolation, discrimination against women and the dominant patriarchal culture.

The cultural significance of self-immolation: Self-immolation is more prevalent in some cultures and regions of Iran. Our analysis showed that it has a symbolic significance in these cultures. The participants regarded burning as the most lethal and painful way of suicide. This lethality was expressed in the stories told by survivors of self-inflicted burns; some stories were about their families, and some were religious stories:

“...burning is the most painful way of killing. The man in the story, who committed a big crime chose the third way that was firing as punishment.” (Participant 10)

The idea that burning will wash away sin was highlighted in the interviews:

“I heard that if someone died by burning, all his sins would be forgiven.” (Participant 12)

Discrimination against women: The second important aspect of the cultural background was discrimination against women. Based on our analysis, the victims of self-immolation suffered from discrimination on familial and social levels. One of the study participants self-immolated in order to take back her child from his husband’s family:

“The law gave the baby to his father, he does not want the child, but they use it to make me come back.” (Participant 6)

For some participants, social factors, such as divorce stigma, financial problems, and legal restrictions, prevented them from reacting to a stressful marital situation, leading them to

tolerate domestic physical, verbal or emotional violence; this contributed to feelings of desperation and being oppressed by their husband and society:

“Once I asked him to agree to divorce. He accepted, but he broke my nose and cut my arm in front of the court. When we went to the court, he said, ‘I do not consent to divorce her. I like my wife.’” (Participant 9)

Dominant patriarchal culture: Self-immolation cases occur more frequently among women in areas with patriarchal culture. Participants of this study mentioned events in which their rights were denied, or they were oppressed because the cultural context considered men to be more legitimate:

“My husband receives a pension, but he does not give me any money at all. The rest give him the right and tell me to go home. They had no idea that how is living in a home that there is nothing to eat there.” (Participant 19)

“I was a child; my father forced me to marry my cousin. I had no choice. After my marriage, my husband was in charge.” (Participant 7)

3.1.2 Intrapsychic characteristics

In this context, intrapsychic characteristics are those that occur within the psyche, mind, or personality, and are the opposite of intrapersonal characteristics. Our results showed that some intrapsychic characteristics are involved in attempting self-immolation. A previous history of compulsive decisions and severe reactions exist in these individuals:

“I had already tried to commit suicide several times, but I did not succeed.” (Participant 3)

“My decisions are usually quick, I think less about the outcome of my decisions, and I usually regret them.” (Participant 13)

3.1.3 Long-lasting intolerable intrapersonal stress

Participants in this study talked about long-term challenges with an important person in their lives. This challenge caused intolerable stress that had an overwhelming nature. The usual challenges were issues related to honor, gaining rights and love:

“He accused me of treason and rejected my reasons for innocence. He knew that I was innocent.” (Participant 14)

“I wanted my baby, and they did not give it to me. I thought I had no way to get it.” (Participant 6)

I trusted him, but he said that he did not want to marry me. He had played with my reputation.” (Participant 17)

Interpersonal problems with loved ones, especially a husband, mother, father or child, is the main reason given for self-inflicted burning. These problems had an overwhelming and destabilizing effect on the participants. A husband’s addiction to illegal drugs and opium, marital conflicts, domestic violence, and children’s illness are among the most commonly stated reasons for being overwhelmed. Being overwhelmed before the suicide attempt is expressed in the statements of one of the young female participants following stress that

may not be considered very important by an outsider: *"I had two suitors upon whom I was dependent. I couldn't choose so I burned myself."* (Participant 5)

Participant 6 noted that *"My husband got the custody of my daughter. He didn't manage it himself. He would give her back if he was permitted. His father and mother forced him. I attempted suicide as a result of the pressure they put on me. I don't know what more to say."* As can be seen in the quotes from participants, self-inflicted burning attempts occur at the height of a pressure that the victim cannot remove, resulting in their desperation.

3.1.4 Helplessness/anger

Failure to achieve the desired result causes feelings of anger and helplessness. Participants claimed that they had tried different methods, but did not get the results. The frustration of their repeated efforts made these feelings very intense:

"I could not stand it anymore, I loved him, and I did not want to live without him."
(Participant 17)

3.2 Symbolic gesture

This study interprets self-inflicted burning as a choice made in order to make a symbolic gesture. Beyond suicidal intention, selecting this painful method is a way to send a message to others who have long ignored the self-immolator. In fact, this is more of a symbolic gesture movement. This category consists of the main elements of self-immolation: the presence of significant others, dramatic presentation of misery, bringing an end to misfortune, proof of innocence, creating a sense of compassion or guilt and inspiration from similar cases.

Presence of significant others: The participants burned themselves in front of their family or the person they were having trouble with. The attempt to self-immolate was made in the presence of important others, in a situation where the others watched the attempt and were involved and played a role in the scenario:

"When I set fire to myself, my husband and all my six children were sitting there."
(Participant 15)

"I asked him to look at me, and then I set the fire. I wanted him to be there." (Participant 2)

A dramatic presentation of misery: Participants argued that by burning themselves, they wanted to show their misfortune to others. They wanted others (other than family members) to realize their level of helplessness:

"I wanted others to see how powerless I am. Nobody believed that my husband would be so bad with me." (Participant 15)

"My kids did not believe how hard my life was. Everyone told me to come back home." (Participant 19)

Bringing an end to misfortune: Participants expressed that they wanted to end their lives, which were full of pain and suffering:

"We don't have any food at home. He refused to give alimony. I had nothing to eat. I wanted to end this life, full of misery." (Participant 19)

Proof of innocence: One of the reasons for self-immolation was the demonstration of innocence to others accusing the person. Matters related to marital affairs were among the most important charges attributed to them. In cases where a woman was accused of having an affair, it was hard for her to prove her innocence. In some cases, men used these kinds of accusation to put pressure on their wives:

“He knew that I did not cheat on him, he just wanted to accuse me.” (Participant 14)

Creating a sense of compassion or guilt: The creation of a sense of compassion was one of the reasons for self-immolation. In some cases, self-immolation was committed in front of a person in order to gain their attention or to create a feeling of guilt:

“I want him to see how frustrated I was without him. I want him to feel pity for me.” (Participant 17)

“I sought after them to see what they did to me. They ruined my life, and this was their punishment: to suffer from a guilty conscience.” (Participant 10)

Inspiration from similar cases: Other cases of self-immolation in the area inspired suicide with this method:

“Another woman committed self-immolation when she was accused of having an affair.” (Participant 10)

3.3 The day of the incident

On the day of the crisis, a series of events leads to self-immolation. This category describes the series of events that led to participants implementing their decision, which is influenced by uncontrolled impulse behaviors. The main aspects of this category are dissociation, availability of flammable materials and not having the threat taken seriously by others.

3.3.1 Dissociation

In this context, dissociation refers to “a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment.”¹ In this situation, the connection between affect, cognition, and perception of voluntary control over behavior changes and the person does things they would not normally do. The idea of self-immolation did not emerge from a series of rational thoughts. Instead, participants described it as a tempting urge that came to their minds. One of the participants even represented this process as “*being possessed by the devil*.”

The rapidity of the scene: The process of self-immolation is extremely quick. This speed was mentioned by the participants as the reason why they don’t have a clear, coherent memory of the event. The fast pace of the narrated event makes the stories very simple and unelaborated:

“I don’t remember why I did this; everything happened quickly.” (Participant 2)

¹ DSM-IV; American Psychiatric Association (1994, p. 477).

3.3.2 Availability of flammable material

Having access to kerosene or other flammable materials was mentioned as the reason for selecting this method of suicide:

“I hadn’t thought of killing myself until then... When I saw kerosene in the yard, I brought matches, poured some oil on myself and set the fire.” (Participant 8)

3.3.3 Not taken the threat of self-immolation seriously by others

Feelings of the ineffectiveness of the threat or declaration of suicide were perceived in the reactions of others to participants’ suicidal thoughts before self-immolation. The participants expressed that their threats weren’t taken seriously, even that they were laughed at. The participants thought about self-immolation as a blatant suicide attracting others’ attention. One participant explained that when she had been hospitalized for attempted self-poisoning, her mother didn’t take notice:

“My mother and father used to make fun of me whenever I attempted suicide.” (Participant 1)

“It was 15 days that they had gotten my child. I told my sister to bring her or I would kill myself. She didn’t take it seriously and thought I was kidding. I asked them to bring her, and they responded that she lives her own life – I could kill myself if I wanted to. They thought I was lying.” (Participant 6)

4 Discussion

The results of the study revealed that the self-immolation of women in Iran might have an impulsive nature. The participants could not remember events clearly, and they did not describe a period of time spent thinking about selecting self-immolation as a way of suicide and attempting suicide in general. None of the participants reported reflection on self-immolation before the attempt. According to the recounted stories, they proceeded rapidly to immolate themselves in an overwhelmed state that was distinctive from their usual state. The description of this short period by one of the participants as “being possessed by the devil” and frequent expressions of “not knowing why I did this to myself” resemble a dissociative state.

The findings of this study depict self-immolators mainly as women who have been stuck in an unresolvable and intolerable family situation. These complicated situations are usually the result of interpersonal conflicts that lead to the person feeling overwhelmed. The prominent feelings when facing these overwhelming situations, such as a husband’s addiction, marital conflicts, domestic violence, and children’s illness, were helplessness and anger.

It has been argued that when individuals feel disempowered, they tend to behave violently, especially towards themselves, as in the case of self-immolation (Frieze et al. 2014). Self-immolation does not follow a specific pattern, even in developing countries. For example, one study showed that self-immolation affects young men who are unemployed and suffering from mental disorders (Ben Khelil et al. 2016), which is entirely different from the results of the studies in Iran. Nevertheless, symbolically, in both countries, they were undertaken in a similar order.

The stories of participants expressed their anger more than feelings of hopelessness, as a society did not allow them any appropriate ways to express their anger, follow their desire and resolve conflicts in a way agreeable to them. The primary source of the conflicts is family. In a systematic review, Panaghi et al. (2007) reported that most self-immolators are young, married women and the most commonly stated reason for the attempt is family conflict. Family conflict as the primary motive for self-immolation has been reported in a prior qualitative study (Rezaie et al. 2014). Marital dissatisfaction and lack of a positive relationship between parent and child were among the family problems examined in their study. By recruiting more participants as well as participants with diverse characteristics in the present study, the findings of prior studies that family conflict is the main reason for suicide, even for single people, were affirmed. Fear of losing face, the expectation to obey parents or in-laws, and rules and laws biased toward men are among the social factors that make life difficult for women. Therefore, a family conflict in the social context of Iran can create a state of helplessness and hopelessness and overburden the person in an overwhelmed state, leaving her with anger toward her family on the one hand and toward the obliteration of society on the other. From this vantage point, a woman's self-immolation is not a suicide in silence (such as self-poisoning); its flames burn in her relatives' hearts, leaving them with extreme feelings of guilt, attracting the attention of others to the injustice that all have colluded with, like a lighthouse that can be seen from a distance. In this way, she communicates with others her deep, excruciating pain and helpless situation, which is not communicable in any other way.

Studies have shown that hearing news about suicide may increase the chance of attempting suicide (Kessler et al. 1989; Niederkrotenthaler et al. 2012; Yang et al. 2013). Women in some parts of western Iran are more exposed to hearing of another woman's attempt to immolate herself. Self-immolation may have a shared meaning among women, a symbol that conveys a message to others, representing women's helplessness in a cruel society. When they cannot raise their voices to be heard, they express their anger with self-immolation that can be seen from a distance. Every attempt at self-immolation painfully reminds women about the common suffering they share. This is more noteworthy when we know that a self-immolation event and a self-immolator have a higher chance of gaining widespread publicity even without media coverage. We can say, using the analogy of mitral regurgitation, that self-immolation begets self-immolation.

The general attitudes of the study's participants toward fire and burns may contribute to the high prevalence of self-immolation in Iran. They regarded burning as something that "washes away sin." According to Iran's main religion, Islam, after death people spend time in a hell of fire depending on their amount of sin, suffering the burning, after which they can enter heaven (except disbelievers, who remain in hell forever). The amount of sin has a balance that must be paid by burning. One participant's statement—"I heard that if someone died by burning all his sins would be forgiven"—makes sense in this context. If they prepaid for their sins in this world, they would no longer deserve hell's fire after death. According to the beliefs of the people in Iran, every person will pay for his or her sins in life or after death.

The findings of this study should be read in the shadow of the timing of the interviews. Interviewing the participants immediately after entering the hospital following self-immolation, and before water and electrolyte imbalance destabilized them, had the advantage of including women who had suffered lethal and extensive self-immolation. Moreover, the short time before the suicide attempt and interview may have helped the participants have a more precise memory of the events prior to the attempt. However, since the participants were in

extreme pain and experiencing emotional turmoil and shock, this timing may have reduced the validity of the findings and can be regarded as a limitation.

Several studies have been carried out on self-immolation in Iran. Most of them have investigated the factors associated with self-immolation (Ahmadi 2007; Ahmadi and Ytterstad 2007; Panaghi et al. 2007; Ahmadi et al. 2010, 2015a, b). Some studies have also tried to explain the causes and factors associated with qualitative approaches (Boostani et al. 2013; Khankeh et al. 2015). The results of this study showed that self-immolation among Iranian women is a multifaceted phenomenon. Our results showed that along with individual, cultural and social factors, there is a painful process that causes a sense of helplessness people who eventually burned themselves. This process is the results of defects in the rules and their implementation, which causes some people, especially women, to be oppressed. When these people became desperate in earning their legitimate rights through legal means, they do things to make their voice heard by others. This result is different from the results of other studies that suggested self-immolation as an act for help asking. Considering the high mortality of self-immolation, it cannot be explained by just seeking for help, but it is anger and helplessness expression making an injustice widely public. It is also an excruciating way of dying and people who choose this method of suicide have already encountered similar cases. They knew even they survive they face numerous consequences such as a painful healing process and irreversible appearance changes. Therefore, we considered a self-immolation is an act of helplessness instead of a help asking gesture. Furthermore, we interpret self-immolation as a symbolic gesture that shows this sense of helplessness and a means for communication.

In previous studies, the role of mental health problems was considered to be very prominent (Boostani et al. 2013; Khankeh et al. 2015). But in the present study, we only identified the relationship between choosing self-immolation with some personality traits like a history of compulsive decision making. Suicide is associated with hallucination and suicidal thoughts in patients with mental health problems. Our interviewers were psychiatrists, and they were able to identify severe mental health problems. Usually, other methods of suicide, especially those used by patients with mental health problems, are time-consuming and planned. According to the results of this study, self-immolation is more of an impulsive method. A distinctive aspect of the present research is its greater extension in terms of location of sampling. Previous studies were limited to a province, but in our present study, we sampled from three provinces.

The study's participants had no intention to die and thought that they would be saved, immediately regretting the attempt. The study of Ahmadi also showed that self-immolators in Iran do not really want to die and they regard it as an attempt they can go through and continue with their lives (Ahmadi 2007). In a population-based intervention in one city in western Iran—Gilangharb—the population was exposed annually over the course of 3 years to a video showing the consequences of self-immolation. This intervention led to a 57% reduction in the self-immolation rate (Ahmadi and Ytterstad 2007). We need strategies which address high-risk populations to deliver services to women at risk and facilitate their access to those services.

5 Conclusion

The results of the current study show that self-immolation is a result of a series of actions and reactions at the community and family level. Self-immolators find themselves under intolerable pressure that they find impossible to remove. The inability to address an issue or prove yourself is the most important reason for this feeling of pressure. The closest

person is usually the source of this pressure, and in the shadow of the lack of sufficient social support, the person feels helpless. The combination of a sense of powerlessness with specific intrapsychic characteristics and poor problem-solving skills leads to a decision to attempt suicide—a decision that, in a particular environment, manifests as self-immolation.

This study found that the sense of disability that the person feels is a critical issue in self-immolation. Appropriate interventions at the community and family level are needed to prevent this feeling. People who feel helpless may do things that they may not usually do. In the case of suicide, helplessness and hopelessness are two crucial factors (Stillion and McDowell 2015). Empowering women as a high-risk group is important. Legal support of women can also be very effective. Regret after self-immolation was a topic that was frequently mentioned. Self-immolators did not know how painful death through self-immolation is nor if they survived, what difficult conditions they would have to endure. Showing the consequences of self-immolation and educating people about it at a community level has been shown to be effective. Based on findings we recommend that population-based interventions are required to increase women's awareness of the fatality and consequences of burning, ways of dealing with domestic violence and how to change their lifestyles.

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